

ending  
homelessness  
is everyone's  
responsibility



REGIONAL CONTINUUM OF  
CARE COMMITTEE ON  
HOMELESSNESS

REGIONAL PLAN TO END HOMELESSNESS  
EXECUTIVE SUMMARY

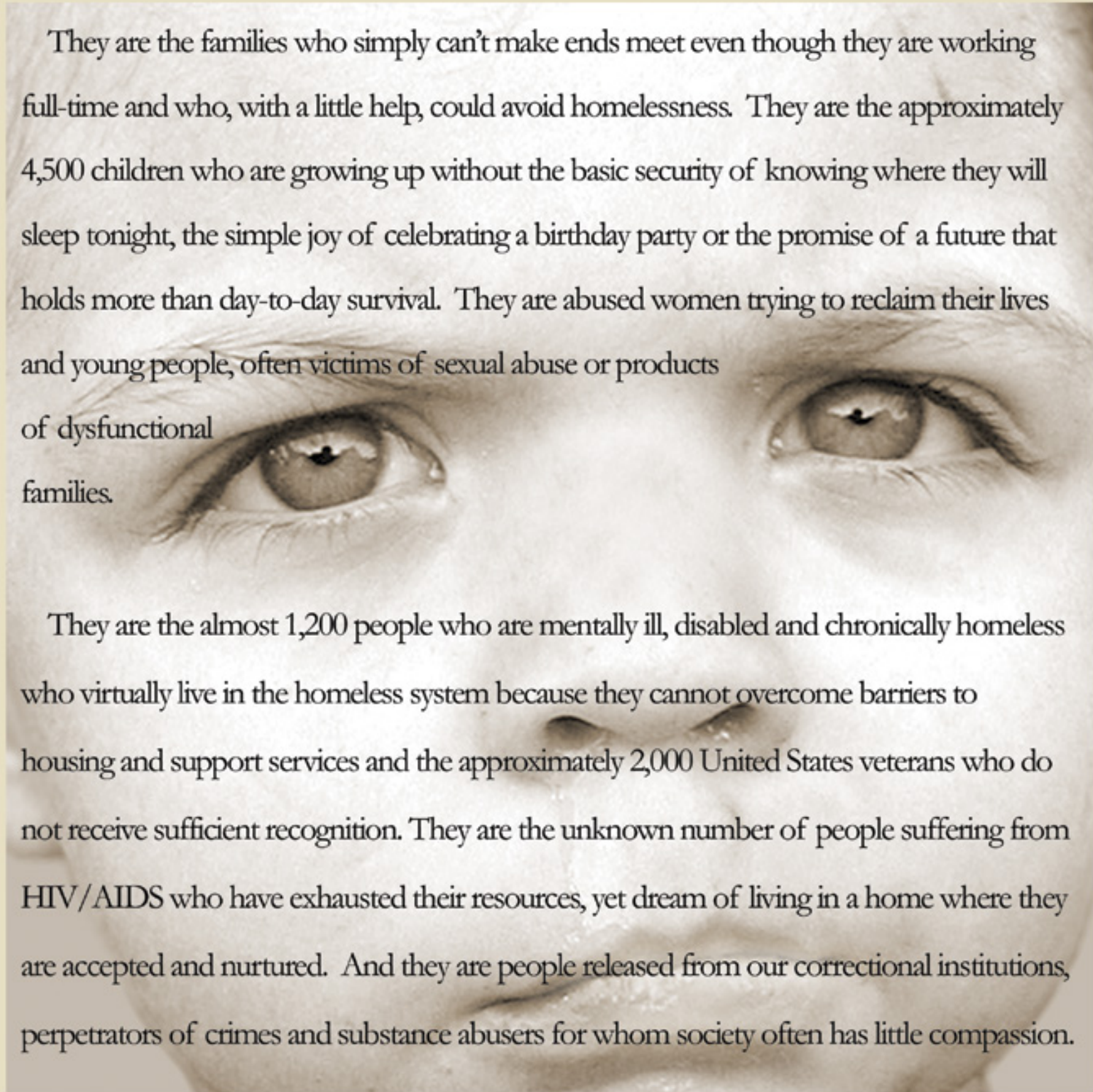


It is estimated  
that more than  
**12,000 people**  
will experience  
the effects of  
**homelessness**  
in Maricopa County  
this year.

Who  
are the  
homeless  
people  
living in our  
midst?

They are the families who simply can't make ends meet even though they are working full-time and who, with a little help, could avoid homelessness. They are the approximately 4,500 children who are growing up without the basic security of knowing where they will sleep tonight, the simple joy of celebrating a birthday party or the promise of a future that holds more than day-to-day survival. They are abused women trying to reclaim their lives and young people, often victims of sexual abuse or products of dysfunctional families.

They are the almost 1,200 people who are mentally ill, disabled and chronically homeless who virtually live in the homeless system because they cannot overcome barriers to housing and support services and the approximately 2,000 United States veterans who do not receive sufficient recognition. They are the unknown number of people suffering from HIV/AIDS who have exhausted their resources, yet dream of living in a home where they are accepted and nurtured. And they are people released from our correctional institutions, perpetrators of crimes and substance abusers for whom society often has little compassion.





## About The Regional Continuum of Care on Homelessness

Since June of 1999, the Regional Continuum of Care on Homelessness has provided policy direction and leadership on homeless issues.

The Regional Committee is comprised of elected officials, advocates, the business community, nonprofit providers, neighborhood providers and HUD. The Maricopa Association of Governments coordinates the activities of the Regional Continuum of Care, which has secured close to \$35 million in funding for transitional and permanent supportive housing and technical assistance.

The Regional Plan to End Homelessness is based on the work of more than 150 knowledgeable individuals, including people who are currently homeless, who met over a period of six months to develop recommendations to end homelessness.

## The Need

The 2002  
HUD  
McKinney Homeless  
Gaps Analysis  
provides  
the best estimate of  
**need, inventory  
and gaps in  
housing and  
support services:**



### FAMILIES

BEDS	ESTIMATED NEED	CURRENT RESOURCES	GAP IN RESOURCES
Emergency Shelter	939	880	59
Transitional Housing	2,581	2,239	342
Permanent Supportive Housing	1,173	554	619
<b>TOTAL</b>	<b>4,693</b>	<b>3,673</b>	<b>1,020</b>

SUPPORTIVE SERVICES	ESTIMATED NEED	CURRENT RESOURCES	GAP IN RESOURCES
Job Training	1,476	27	1,449
Case Management	1,341	402	939
Substance Abuse Treatment	2,513	247	2,266
Mental Health Care	1,042	25	1,017
Housing Placement	868	49	819
Life Skills Training	447	187	260
Other - Outreach	1,476	167	1,309
Other - Health Care	4,224	15	4,209
Other - Dental Care	4,224	2	4,222

### INDIVIDUALS

BEDS	ESTIMATED NEED	CURRENT RESOURCES	GAP IN RESOURCES
Emergency Shelter	1,451	615	836
Transitional Housing	2,904	1,269	1,635
Permanent Supportive Housing	2,904	1,453	1,451
<b>TOTAL</b>	<b>7,259</b>	<b>3,337</b>	<b>3,922</b>

SUPPORTIVE SERVICES	ESTIMATED NEED	CURRENT RESOURCES	GAP IN RESOURCES
Job Training	5,444	599	4,845
Case Management	7,259	481	6,778
Substance Abuse Treatment	4,355	752	3,603
Mental Health Care	5,081	158	4,923
Housing Placement	1,452	209	1,243
Life Skills Training	6,533	474	6,059
Other - Outreach	1,815	319	1,496
Other - Health Care	6,533	59	6,474
Other - Dental Care	6,533	22	6,511





# The Solutions

All communities  
experience  
homelessness.

In some communities shelter is available. In communities where shelter is not available, people may live in cars or abandoned buildings. Families may double or triple-up in substandard housing. Others may live on the streets or in parks because the shelters are full or because their decisions are products of mental illness or substance abuse.

The answers to issues such as development of affordable housing, increased funding for substance abuse treatment, and supportive services are not simple. It will take the long-term commitment of all sectors of society and the development of public-private partnerships. We are all stakeholders and must be willing to be creative, seize opportunities, analyze and disseminate results and make the case for continued innovation and improvement.

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## 2003 REGIONAL PLAN TO END HOMELESSNESS: REGIONAL GOALS

KEY THEME	REGIONAL GOAL	
INCREASE FUNDING	Secure a dedicated source of funding for initiatives identified by the Regional Continuum of Care Committee on Homelessness to end homelessness in the region.	December 2006
	Maintain dedicated funding for eviction prevention and affordable housing through the State Housing Trust Fund.	On-Going
	Increase funding annually for general mental health and substance abuse treatment.	On-Going
PREVENT HOMELESSNESS	Increase permanent affordable housing and support services, which target low income and homeless people.	December 2003
	Regionalize permanent affordable housing and support services.	December 2003 On-Going
	Secure comprehensive, standardized pre-release planning from corrections system for every releasee.	December 2006
REMOVE BARRIERS TO ACCESSING SERVICES	Develop a coordinated system of service provision to move clients into permanent housing through the development of client centered comprehensive systems of care.	December 2004
	Incorporate participation of homeless and formerly homeless individuals in client centered systems of care.	December 2003
	Develop a coordinated outreach effort targeted to chronically homeless individuals utilizing outreach teams.	January 2005
IMPROVE DATA COLLECTION OUTCOMES	Develop outcome based homeless project evaluation system.	June 2003
	Quantify the number of homeless people to better inform policy and advocacy efforts	July 2003





## A. Increase Funding

Although considerable dollars are expended to address homelessness, significant gaps in affordable housing and services exist. Investing in prevention, developing skills for self-sufficiency and helping people exit homelessness as quickly as possible hold the promise of saving money and positively impacting local businesses and neighborhoods.

Many of the sources of funding for housing and support services have been reduced significantly in the past year due to the state budget crisis. These reductions in funding not only eliminate the possibility of new programs being funded, but also jeopardize existing ones. Significant support from the private sector will be key to achieving this goal.

- **Dedicated Source of Local Funding.** A dedicated and sustainable revenue source must be secured to develop innovative solutions and adequately fund permanent housing and support services.
- **Housing Trust Fund.** The Regional Continuum of Care calls on the Governor and Legislature to protect the State Housing Trust Fund (HTF), a flexible source of funding which is a critical resource for ending homelessness in the region. The HTF provides a flexible funding source to assist local governments and organizations in developing affordable housing for homeless people and those at-risk of becoming homeless, funding eviction prevention and limited emergency services.
- **General Mental Health and Substance Abuse.** The Regional Continuum of Care calls on the Governor and Legislature to adequately fund substance abuse and mental health treatment services. Although an estimated 70% of individuals and 35% of adults in families suffer from substance abuse, there are less than 40 publicly funded detoxification beds in the County and number of residential treatment beds has been decreasing due to a lack of funding.



## B. Prevent Homelessness

Twenty years ago, widespread homelessness did not exist in Maricopa County. Several factors have affected the growth of homelessness: 1) affordable housing has become more scarce for those with limited funds, 2) earnings have not kept pace with the cost of housing, especially for those with low incomes, 3) supportive services that would help people remain stable once housed are not available.

- **Affordable Housing.** If homelessness is to be addressed, significant development of housing units and housing subsidies for low-income individuals and families must be a central strategy. According to the Arizona Department of Housing/HUD Affordable Housing Profile, 116,000 households cannot find housing within their income range. Most of these households earn less than 40% of median income and are paying more than 30% of their income toward housing.

<i>Arizona Housing Affordability by Income Level</i> (Based on 30 Percent of Income)		
	Income or Wage Level	Maximum Monthly Affordable Housing Expense
State Median Household Income	\$42,192	\$1,054
*Services Job Sector (Avg. Wage)	\$31,021	\$776
**Livable Wage (2 Persons)	\$30,776	\$769
Minimum Wage (2 Workers)	\$21,424	\$536
*Retail Trade Job Sector (Avg. Wage)	\$19,240	\$481
***Federal Poverty Level (3 Persons)	\$15,020	\$375
Minimum Wage (1 Worker)	\$10,712	\$268

\*Jobs in the services and retail trade sectors represent half of Arizona's workforce.

\*\*Livable wage means the amount of income needed for a family of two in Phoenix and Mesa to meet basic necessities as calculated by the Self-Sufficiency Standard for Arizona. Costs are higher in Scottsdale, Chandler and Tempe.

\*\*\*2002 HHS Poverty Guidelines.

NOTE: Year 2000 State Median Household Income estimate from CACI Marketing Systems.

- **Discharge Planning.** Due to a lack of discharge planning from prisons and jails, shelters have become an extension of the corrections system. Central Arizona Shelter Services estimates that one-third of its clients are released directly from correction facilities. Individuals are often released without funds and identification with no prospects for employment to appropriately reenter society. The result has been a shifting of costs from the corrections system to the shelter system, which is incapable of absorbing them.



## C. Remove Barriers to Accessing Services

Ending homelessness will require redefining systems of care and removing existing barriers to services. Many homeless people suffer from chronic health conditions, mental illness and drug or alcohol addictions. Unfortunately, the homeless, health and substance abuse systems have not effectively served clients with multiple needs. The entire community must share in the initial and on-going investment of time and funding to develop, implement and evaluate new models of service.

- **Coordinated Systems of Care.** The development of integrated systems and multidisciplinary teams that coordinate services is essential to end homelessness. Mainstream programs are generally not held accountable for serving homeless people. The social service system is often unable to deal with homeless issues such as lack of a mailing address, telephone, illiteracy, and lack of documentation. Changes at both the client and administrative levels must be implemented in order to achieve measurable results.
- **Outreach.** Outreach must be a fundamental component of multidisciplinary teams and an integrated systems approach. Outreach teams develop trusting relationships with homeless people, many of whom are isolated and suffering from mental illness. Opportunities for outreach should be expended to include the faith community and outreach teams must work more closely to plan, share information, and coordinate responses.
- **Empowering Homeless and Formerly Homeless People.** Current and formerly homeless people should be involved in all stages of planning, implementing and evaluating services. In fact, services delivered in the homeless system seem to have little effect on the eventual stability of families in housing. What do families need to be stable? People who have experienced homelessness can best answer that question.
- **Human Services Campus.** The Human Services Campus in downtown Phoenix is considered to be an integral part of the regional service delivery system. The mission of the Human Services Campus is to deliver high-quality services, leadership and innovate solutions to help break the cycle of homelessness through collaboration among faith-based, governmental, non-profit, private and community organizations.
- **Alternative Shelter.** Development of emergency shelter is a much debated policy issue. Communities are frequently intolerant of homeless people who do not access shelter when available. Alternative shelter (also known as low-demand) is less structured and allows homeless people, generally chronically homeless, to access a safe and clean bed for the night with few or no barriers to entry. In alternative shelter settings, shelter staff can engage people and work toward developing trusting relationships, which is a necessary step on the road to a stable lifestyle.



## D. Improve Data Collection and Outcomes

On-going evaluation of programs that serve homeless individuals and families is necessary in order to assess if desired outcomes are achieved. In order to evaluate programs, the community must determine desired outcomes. Currently, data collection varies across agencies. A common data collection system would provide more accurate information, services provided and outcomes achieved.





Ending homelessness  
is possible.  
But it will not be easy.  
It is a goal that is  
ambitious and  
necessary.

We have no alternative than to try. As a compassionate society, we cannot turn our backs on those living on the streets or give up on those that have given up on themselves. It is incomprehensible to allow families, children and those who truly need our assistance to languish in shelters or on our streets when we have the ability to find solutions to the problem of affordable housing and homeless services.

Ending homelessness is our collective responsibility. It will take a commitment from the entire community, dedication from both the business and the private sector. It will require additional funding. But it can be done. And it will change all of our lives.



## REGIONAL CONTINUUM OF CARE COMMITTEE ON HOMELESSNESS

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